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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STANDARD CERTIFICATE OF DEATH**      **Arizona State Board of Health**

BUREAU OF VITAL STATISTICS      STATE FILE NO. 35

1. PLACE OF DEATH  
 COUNTY Cochise STATE ARIZONA REGISTERED NO. \_\_\_\_\_  
 TOWNSHIP Coonstone OR VILLAGE \_\_\_\_\_  
 CITY \_\_\_\_\_ NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 9 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. OF FOREIGN BIRTH? 0 YRS. 0 MOS. 0 DS.  
 2. FULL NAME Wm. Allen Rock Woolery HOW LONG IN STATE WHEN DEATH OCCURRED? 0 YRS. 0 MOS. 0 DS.  
 (A) RESIDENCE NO. Coonstone, Arizona ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

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**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID. OWED, OR DIVORCED, (WRITE THE WORD) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. C. Woolery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15 1884

7. AGE      YEARS      MONTHS      DAYS      IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.  
31      8      15

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. at home

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Holtzville (STATE OR COUNTY) Missouri

13. NAME William Rock

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTY) Kentucky

15. MAIDEN NAME Alinda Stovring

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTY) Indiana

17. INFORMANT W. C. Woolery (ADDRESS) Coonstone, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Coonstone, Ariz. DATE 6/19 1936

19. EMBALMER { LICENSE NO. 22 FUNERAL DIRECTOR { SIGNATURE R. B. Henshaw ADDRESS Isbec, Arizona

20. FILED June 23, 1936 J. D. Taylor REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1936

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Died without Medical Attendance, 1936  
 I LAST SAW HIM ALIVE ON \_\_\_\_\_, 1936; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:00 A. M.  
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: \_\_\_\_\_  
Cerebral Hemorrhage  
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? \_\_\_\_\_

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_, 1936  
 WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

MANNER OF INJURY \_\_\_\_\_  
 NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_  
 IF SO, SPECIFY \_\_\_\_\_  
 (SIGNED) R. B. Henshaw, M. D. Health Officer      M. D.  
 (ADDRESS) Isbec, Arizona